



Application for Indiana Controlled Substances
Registration—Non-Practitioner

Professional Licensing Agency
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Indianapolis, Indiana 46204
317-234-2067
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For Official Use Only

Application Fee:
Date Fee Paid:
Receipt Number:
Approval Date:
Registration Number:
Date Issued:

Please type or print all information

Section I

All Applicants must complete this section.

(please check one box)

Pharmacy

Analytical Laboratory

Other: _____

Hospital/Clinic

Manufacturer

Surgery Center

Teaching Institution

Wholesale Distributor

Limited Permit

Name of Facility	
DBA, if applicable	
Name of Pharmacy Manager or Person responsible for controlled substances <i>Attach Curriculum Vitae</i>	
Physical Address of Controlled Premises	
City, State, Zip Code	Telephone Number
Contact Person and Title	E-mail address
Drug schedules (Check all that apply): 1 2 2 Narcotic 3 3 Narcotic 4 5	
<p>If your answer is Yes to any of the following, explain fully in a signed and notarized statement, including all related details. Include violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation or a registration issued pursuant to this application.</p> <p>1. Has the applicant, any of the agents or listed pharmacist ever been convicted of, pleaded guilty or nolo contendere to a violation of any federal, state or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction: Yes No</p> <p>2. Has the applicant, any of the agents or listed pharmacist ever been convicted of, pleaded guilty or nolo contendere to any offense, misdemeanor or felony in any state (except minor violations of traffic laws resulting in fines)? Yes No</p> <p>3. Have you ever had any action, discipline or revocation on a DEA (US Drug Enforcement Administration) registration or Entered into a Memorandum of Understanding (MOU) on said registration? Yes No</p>	

Section II

All Applicants, with the exception of Pharmacies, must complete this section.

List Procedures to be performed that directly involve controlled substances (attach additional sheet if needed):

Limited permit applicants do not need to list procedures.

_____	_____
_____	_____
_____	_____
_____	_____

Types and Quantities of Drugs to be Stored (attach additional sheet if needed):

Name of Substance	Schedule Number	Form/Concentration	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>Container type</u>	<u>How secured</u>	<u>Person(s) with access</u>
Primary storage:	_____	_____	_____
of controlled	_____	_____	_____
substances	_____	_____	_____

	<u>Type (room, cage, etc.)</u>	<u>How secured</u>	<u>Person(s) with access</u>
Secondary storage:	_____	_____	_____
(Location of primary)	_____	_____	_____
	_____	_____	_____

Documentation of use/inventory:

Who documents? _____

How? (Describe procedure for documentation) _____

Section III

Additional information required for certain non-practitioner s.

Surgery Centers:

- Names, credentials, past training, and copies of current DEA registrations of all medical staff;
- A copy of the agreement for pharmacy services, if applicable;
- Application is required to be signed by the Medical Director.

Humane Societies/Animal Control Facilities:

- Written documentation of the training of the personnel administering the drugs; and
- The name and license number of the veterinarian associated with the facility.

Researchers:

- A *one-page* summary of research objectives and research protocol; and
- Provide doses and dosing schedules for controlled substances.

Manufacturers:

- Describe products and manufacturing procedures

Limited Permit:

- Type of Facility;
- Documentation describing the ownership of the facility;
- Written documentation of the training of the personnel administering the drugs; and
- Verification that a licensed Indiana veterinarian holding a valid Indiana controlled substances registration and federal DEA registration has been retained to provide technical advice to the facility.

Section IV

Application Affirmation

I do solemnly swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Printed Name of Applicant _____ Title _____

Signature of Applicant _____ Date _____